2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F95000001917 Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** DESTRON, INC. 02-28-2000 90191 045 ***150.00 Principal Place of Business Mailing Address 3799 LAS VEGAS BLVD., SOUTH 3799 LAS VEGAS BLVD., SOUTH LAS VEGAS NV 89109 LAS VEGAS NV 89109-4319 2. Principal Place of Business 3. Mailing Address Jame Suite, Apt. #, etc. _ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 88-0234293 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9.—This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After M/Y 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition TITLE ☐ Change LANNI, J T NAME NAME STREET ADDRESS STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NW ☐ Addition PC00 TITLE Change ☐ Delete TITLE MOON, ROBERT V NAME NAME 3799 LAS VEGAS BLVD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV ☐ Change ☐ Addition TITLE TITLE ☐ Delete LANGSNER, SCOTT NAME NAME 3799 LAS VEGAS BLVD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV Delete ☐ Change ☐ Addition TITLE TITLE YEMENIDJIAN, ALEX NAME NAME STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH STREET ADDRESS CITY-ST-ZIP LAS VEGAS NV CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if